

FILED FEB 9 1944
Registration District No. 376

Primary Registration District No. 4461

State File No. _____
Registrar's No. 36

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Bismarck Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME David Dennis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male Color White Race _____

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased: _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____
hr. 30 min.

9. Birthplace Bismarck MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Lee Dennis

13. Birthplace Iron Mountain Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Davimartin

15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Ann Dennis

(b) Address Bismarck Mo

17. (a) Buried (b) Date thereof 12/21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.D.O.F.cem

18. (a) Signature of funeral director N R White
BISMARCK MO

(b) Address _____

19. (a) Jan 5 1944 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Missouri (b) County St Francois

(c) City or town Bismarck Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Died
about 30 Minute after birth, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Asphyxia

Due to Prolonged birthand very difficult birth

Due to _____

Other conditions 1600
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature James W. Huffman (M. D. or other)
Address Aspirant Mo Date signed 12-28-43

EIVED

Health Officer No. 4
File Number 244-3299
Date Filed 2-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision. *(No Embalming)*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.